

10/559309

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
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16		15		15		
17		16		16		
18		17		17		
19	1					
20		1		1		
21		2		2		
22		3		3		
23		4		4		
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						